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## KENYA

### HIV/AIDS CARE AND TREATMENT

It is estimated that there are over 1.5 million people living with HIV/AIDS in Kenya, of whom 124,913 are children and adolescents living with HIV and 628,079 are children orphaned by AIDS. USAID works through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to combat the HIV/AIDS epidemic in close partnership with the Government of Kenya.

PEPFAR, launched in 2003, represents the largest U.S. Government investment in public health globally. USAID's HIV/AIDS programs in Kenya supports a wide variety of activities for HIV/AIDS prevention, care, and treatment. These efforts have improved access to HIV/AIDS prevention, care, and treatment services for people across Kenya. Country ownership and county leadership serve as core principles of the work in Kenya, and the U.S. Government is redoubling efforts to build country systems for sustainable impact.

#### HIV TREATMENT

The U.S. Government's goal is to make life-prolonging treatment available to as many people as possible as soon as they need it. The United States, through the generosity of the American people, has donated HIV medicines, laboratory reagents, and medical supplies to Kenyans for decades. Moreover, effective medicines are now more affordable.

These efforts have resulted in an exponential increase in the number of people accessing treatment from 36,000 in 2005 to more than 1.2 million by December 2020. Improved access to treatment has also reduced mortality and morbidity from HIV. USAID's care and treatment programs focus on combined tuberculosis/HIV services, nutrition, and support for treatment initiation and follow-up to ensure the continuum of care for HIV-affected individuals. Improving retention in care remains a high priority.

USAID works in partnership with 25 counties in Kenya to provide access to high-quality HIV prevention, care, and treatment services. By the end of September 2020, USAID supported 407,769 clients on antiretroviral therapy, of whom 37,954 were children and adolescents up to 19 years old. Ninety-three percent of the clients were virally suppressed, which is close to the 95 percent target for eliminating HIV by 2030. To mitigate against the effect of COVID-19, 68 percent of the clients on treatment were put on multi-month dispensing, receiving three or more months of antiretrovirals to avoid treatment interruptions.

Working in close collaboration with the Government of Kenya, USAID will scale-up client-centered strategies such as differentiated service delivery and multi-month dispensing for all age groups. This

will enhance a sustainable and more meaningful involvement of care recipients and lead to improved quality of HIV/AIDS care and treatment.

## **ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION**

The Government of Kenya has expanded services to prevent mother-to-child transmission of HIV/AIDS as part of comprehensive antenatal care services at public and private health facilities in both rural and urban settings, including informal settlements. Combined with greater treatment coverage overall, mother-to-child transmission rates have dropped significantly, from a high of 28.3 percent in 2005 to 10.8 percent in 2020.

In Kenya, the vision, mission, and goal for eliminating mother-to-child transmission is built around initiatives to reduce and thereafter maintain mother-to-child transmission of HIV at a very low level. These initiatives are centered around four pathways that represent the cornerstones of comprehensive prevention of mother-to-child transmission service delivery: primary prevention of HIV infection among women of childbearing age; prevention of unintended pregnancies among women living with HIV; prevention of HIV transmission from a woman living with HIV to her infant during pregnancy, childbirth, and breastfeeding; and treatment, care, and support to women living with HIV, their children, and families.

In 2020, USAID reached 556,531 women with counseling and testing services, identified 18,991 HIV-positive women, and initiated 99 percent of them on efficacious antiretroviral treatment. The decline in the number of infants born to HIV-positive women points to an enhanced uptake of interventions.

### **BUDGET (FY 2020)**

\$56 million

### **MISSION CONTACT**

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